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WHEN YOU ENTER A HOSPITAL . . .

HOW DOES MEDICARE HELP

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U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

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WHEN YOU ARE

THIS IS HOW HOSPITAL INSURANCE HELPS

In **each spell of illness,** your hospital insurance pays for:

ALL COVERED SERVICES FOR UP TO 90 BENEFIT DAYS, except:

- The first $40 in each spell of illness
- $10 a day after the 60th day

SPELL OF ILLNESS

A spell of illness is the period of time by which medicare counts your use of benefit days. It does not mean a particular illness, nor does it mean a single stay in a hospital.

The important thing to remember is that any time you are not in a hospital or extended care facility for 60 consecutive days, a new "spell of illness" can start, and you are again eligible for the full 90 days of benefits as shown above.

Covered Services

- Semiprivate room (2-4 beds)
- Regular nursing services
- Operating room
- Medical equipment and supplies
- Drugs and biologicals
- Other ordinary hospital expenses

Services Not Covered

- Private room – unless medically necessary
- Private duty nursing care
- The first 3 pints of blood in each spell of illness
- Charges by doctors – including hospital staff doctors–are not covered either. BUT YOUR MEDICAL INSURANCE HELPS PAY DOCTOR BILLS

BENEFIT DAYS

Each day you are in a participating hospital counts as a benefit day, but not the day of discharge. You may use up to 90 benefit days in each spell of illness for necessary hospitalization.

I THE HOSPITAL

THIS IS HOW MEDICAL INSURANCE HELPS

In **each calendar year,** your medical insurance helps pay for: **PHYSICIANS' SERVICES AND OTHER COVERED SERVICES** . . . It pays $4 of every $5 of reasonable charges, except for:

- The first $50 of expenses for covered services for each calendar year.

CALENDAR YEAR

A calendar year is January 1 to December 31. However, in your first year, you cannot count medical expenses that you had before your protection started.

WHEN YOU'RE IN THE HOSPITAL, YOUR MEDICAL INSURANCE HELPS PAY FOR:

- Your own doctor
- Any doctors he calls in for consultation
- Hospital staff doctors

HOSPITAL STAFF DOCTORS

These are physicians such as radiologists, pathologists, anesthesiologists, and other staff physicians who help in your hospital treatment. You may never see these specialists, but they provide valuable information to your own doctor by reporting to him the results of your X-rays or tests, for example. The hospital may present a bill to you on their behalf or such doctors may bill you direct.

THE FIRST $50

As soon as your expenses for covered services for each calendar year reach $50, your medical insurance can begin paying $4 out of $5 of the reasonable charges for all additional covered services for the rest of the calendar year.

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When you're admitted

You will be asked to:

- Show your health insurance card
- Sign necessary hospital forms
- Give information about any recent stays in a hospital or extended care facility

Be sure to take with you any notices or statements received from the Social Security Administration which show that hospital or medical insurance payments have been made for any previous covered services.

The hospital may ask you to make arrangements for charges not covered by medicare.

While you're in the hospital

Your doctor will decide the care and treatment you need. Every participating hospital also has a utilization review committee that periodically in long-stay cases reviews the need for continuing hospital care. The committee works with your doctor to help assure the best use of hospital services.

For more information

Your Medicare Handbook (the large green one) gives you more detailed information about these benefits. If you still have questions after reading your handbook, get in touch with the people at your social security office. They will be glad to help you.

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